

School and Child Care Immunization Requirements

Arizona Immunization Conference
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How many of you are:

- Nurses?
- Physician Assistants?
- Health Aides?
- Administrative Assistants?
- School Administrators?
- Other?



Current Shot Maze

*On/After 4th
birthday*

Conditional Admission

*On/After 1st
birthday*

Immunizations

Invalid Doses

Minimum Interval



Lab Evidence

Exemptions

Dose Current

Rules

Requirements

IDRs

History of Immunization Requirements



- ARS §15-871 – 874 (Dept. of Ed)
- Effective January 1, 1992
- Required to present documented record of 4-5 DTP, 3-4 Polio and 1 MMR and a Td booster after 10 yrs

Current Requirements

- **Childcare: DTaP, Polio, MMR, Hib, Hep B, Varicella, plus Hep A (in Maricopa County only)**
- **School: DTaP/Td, Polio, MMR, Hep B, Varicella, plus Tdap + Meningococcal Vaccine in grades 6th – 10th in the 2012-2013 school year**



What proof of vaccination is needed? The child's record must contain:

- Child's name and birth date
- Vaccine administered
- Date administered
(month/date/year as of 1/1/03)
- Signature/stamp of person or facility administering the vaccine



Acceptable Records



- Arizona Lifetime Immunization Record
- Copy of 111 form
- Record from another state
- Computer (school or registry) record
- Copy of Arizona School Immunization Record (ASIR)
- ALL forms must have required documentation

School Enrollment Process for Immunizations

Part 1

- An immunization record is required for school entry *unless the child is homeless* (See Arizona Revised Statutes 15-871-15-874)
 - Immunization record may be obtained from parent, past school, ASIIS or another state's immunization registry
 - Parent/Guardian (not the school) contacts child's health care provider to obtain record when necessary
 - Schools assist homeless families in locating immunization records and immunizations

School Enrollment Process for Immunizations

Part 2

- Review the student's record for compliance with all immunization requirements – all are required for student to attend school unless....
 - Student is homeless or
 - Student is up to date and within the minimum interval between vaccine doses
(see *Summary of Recommendations for Child/Teen Immunization* in conference binder)

Provide a “Referral Notice of Inadequate Immunization” listing missing immunizations and advising of lawful exemptions available at http://www.azdhs.gov/phs/immun/idr_forms.htm

Referral Notice of Inadequate Immunization for School/Child Care

Student Name _____ Date of Birth _____

School/Child Care _____ Date _____

Our records show that your child has not received all immunizations required for school/child care attendance by Arizona State Law (A.R.S. §15-872). The immunization doses required now are circled or highlighted.

Attention School/Child Care Staff: Please write in the dates of all doses already listed on the child's record.

Vaccine Type	Doses					
	1st	2nd	3rd	4th	5th	6th
DTaP/DTP/DT (Diphtheria, Tetanus, Pertussis) Provider/Clinic Name _____	/ /	/ /	/ /	/ /	/ /	/ /
Td (Tetanus, Diphtheria) Provider/Clinic Name _____	/ /	/ /	/ /	/ /		
IPV (Polio) Provider/Clinic Name _____	/ /	/ /	/ /	/ /	/ /	
MMR (Measles, Mumps, Rubella) Provider/Clinic Name _____	/ /	/ /	/ /			
Hib (Haemophilus influenzae type b) (Required up to age 5) Provider/Clinic Name _____	/ /	/ /	/ /	/ /		
Hepatitis B Provider/Clinic Name _____	/ /	/ /	/ /	/ /		
Varicella (Chicken pox) Provider/Clinic Name _____	/ /	/ /	/ /			
Hepatitis A (Required in Maricopa County preschool/child care only) Provider/Clinic Name _____	/ /	/ /	/ /			
Tdap (Tetanus, Diphtheria, Pertussis) Provider/Clinic Name _____	/ /					
Meningococcal Provider/Clinic Name _____	/ /	/ /				

To Comply With Arizona Law, You Must Do One Of The Following:

By This Date: _____

1. If your child has already received the necessary immunization(s), bring his or her immunization record to school. The record must show the child's name, date of birth, the date that all doses were received, and the name of the physician or health agency who administered the vaccine.
2. If your child has not received the necessary immunizations, take your child's immunization record and this form to your physician or local health department to get required immunization(s) and/or records. Then bring this form and the updated record back to school/child care.
3. *Exemptions to immunization requirements are available.* If immunizations are against your religious or personal beliefs, you must complete, sign and return an exemption statement to the school/child care center. If any immunization(s) cannot be given for medical reasons, or there is laboratory evidence of immunity, you must submit a medical exemption signed by a physician. A copy of the lab results must be submitted along with the exemption form.

By state law, your child will not be allowed to attend school until either a record of the above immunization(s) or an acceptable exemption statement is submitted. If you have questions or need additional information, please call: _____ at _____
(Name of contact person at school or child care center) (Phone number of school or child care center)

School Enrollment Process for Immunizations

Part 3

- **Complete a copy of the Arizona School Immunization Record (ASIR 109R) for each student**
- **Computer-generated records that completely match all areas of the ASIR 109R are acceptable**
- **Hard copies of the ASIR 109R or facsimile must be available for each student**

ARIZONA SCHOOL IMMUNIZATION RECORD

This form must be completed from an immunization record provided by parent or guardian.
See reverse side for instructions.

I. IDENTIFICATION INFORMATION

CHILD'S NAME NOMBRE DE NIÑO	BIRTH DATE FECHA DE NACIMIENTO
ENTRY GRADE (circle) Pre-K K 1 2 3 4 5 6 GRADO (marque con círculo) 7 8 9 10 11 12	SEX Male <input type="checkbox"/> Female <input type="checkbox"/> SEXO Niño <input type="checkbox"/> Niña <input type="checkbox"/>

II. IMMUNIZATIONS	1st MO/DAY/YR	2nd MO/DAY/YR	3rd MO/DAY/YR	4th MO/DAY/YR	5th MO/DAY/YR	6th MO/DAY/YR
(DTaP/DTaP) Diphtheria, Tetanus & Pertussis Difteria, Tetano y Tos Ferina						
(DTaP) Diphtheria & Tetanus Difteria y Tetano						
(Td) Tetanus & Diphtheria Tetano y Difteria						
(Tdap) Tetanus, Diphtheria, acellular Pertussis Tetano, Difteria y Tos Ferina						
(IPV/OPV) Polio Vaccine Vacuna Antipoliomielítica						
(MMR) Measles, Mumps & Rubella Sarampión, y Paperas, y Rubéola (Month, Day & year required)						
(Hib) Haemophilus Influenzae b Required for Pre-K program, children age 2 months to age 5 years. <i>Influenzae Haemophilus tipo B</i> Los Niños 2 meses de edad a 5 años de edad necesitan tener la vacuna para poder atender la programa de pre-jardín de infantes.	Manufacturer	Manufacturer	Manufacturer	Manufacturer		
(Hep B) Hepatitis B La Vacuna Hepatitis B						
(Hep A) Hepatitis A La Vacuna Hepatitis A						
Varicella (Chickenpox) Varicela Check box if history of disease. <input type="checkbox"/>						
Meningococcal Meningococcos						
HPV (Human Papilloma Virus) Virus Papilloma Humano						
Other (Including Influenza Vaccine)						
TB Skin Test: (optional) List most recent test Prueba de tuberculosis del piel: (opcion) Liste la más reciente prueba						

ASIR 109R - revised 08/05/10

This record is part of the mandatory permanent pupil records as defined in Arizona Revised Statute 15-874 and shall transfer with that record. Local health departments shall have access to this record.

FOR SCHOOL USE ONLY:

Enrollment Date:						
Schedule for Completion (Check dose(s) needed)						
VACCINE	1ST	2ND	3RD	4TH	5TH	6TH
DTaP/DTaP/DT/Td						
Tdap						
OPV/IPV						
MMR						
Hib						
Hep A						
Hep B						
Mening						
VAR						

III. Documentation

I certify that I reviewed this student's immunization record and it has been transcribed accurately.

Date _____
Admitting Official _____

Documentation presented:

- ☐ Arizona Lifetime Record
☐ Foreign country (name) _____
☐ Out-of-State record (name) _____
☐ Other (name) _____

IV. Status of Requirements

- ☐ A. Immunization complete Date ____/____/____
☐ B. Currently up-to-date; more doses are due later.
Needs follow-up.
☐ C. Laboratory evidence of immunity to: _____

Exemption for:

- ☐ D. Medical Reasons-Permanent
Date ____/____/____
☐ E. Medical Reasons-Temporary until
Date ____/____/____
☐ F. Personal Beliefs
Date ____/____/____

azdhs.gov



Health and Wellness for all Arizonans



School Exemptions to Immunizations

- Exemption forms should be provided upon the request of parent/guardian (not part of registration packet)
- Medical exemptions must be completed by the child's physician
- Laboratory evidence of immunity must be accompanied by a copy of lab results and an exemption form completed by the child's health care provider

Personal Beliefs Exemptions

- Available for kindergarten through 12th grade
- Partially immunized exempt students should have record of immunizations on file
- May include one or all vaccines
- Exemption rates have increased, lowering “Herd Immunity”

Kindergarten Exemptions 2003-2013

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
PER Ex	1.6%	1.6%	2.1%	1.8%	2%	2%	2.4%	2.8%	3.2%	3.4%	3.9%
MED Ex	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.3%	0.3%	0.3%

2012-2013 Data is Provisional

Personal beliefs and Medical reasons, including and laboratory evidence of immunity, are allowable exemptions in school (K-12) settings.

Sixth Grade Coverage Levels

	Number	Tdap 1	MCV 1	MMR 2	Hep B 3	VAR 1	VAR 2	Personal Exempt
2010-2011	82,047 students	87.8%	88.2%	97.7%	97.8%	98%	48.8%	3.7%
2011-2012	82,581 students	88.7%	89.2%	97.3%	97.6%	97.6%	52.2%	4.0%
2012-2013	82,765 students	90.1%	90.2%	97.5%	97.6%	97.6%	58.3%	3.9%

2012-2013 Data is Provisional

2013-2014 School Requirements

Children under age 7

<u>Required Vaccines</u>	See below for exceptions requiring fewer or more doses
<u>5 DTaP</u>	4 doses required if 4 th dose given at 4+ years 6 doses required if 5 th dose given under 4 years
<u>4 Polio</u>	3 doses required if 3 rd dose given at 4+ years
<u>2 MMR</u>	3 doses required if #1 was given before 12 months of age
<u>3 Hep B</u>	4 doses required if #3 was given before 24 weeks of age
<u>1 Varicella</u>	0 doses required if enrolled with history of chicken pox disease before 9/1/2011
Valid doses are required. A 4-day grace period is allowed.	

2013-2014 School Requirements

Children 7-10 years of age

<u>Required Vaccines</u>	See below for exceptions requiring fewer or more doses
<u>4 DTaP/Td</u>	3 doses required if all were given after 12 months
<u>4 Polio</u>	3 doses required if 3 rd dose given at 4+ years
<u>2 MMR</u>	3 doses required if #1 was given before 12 months of age
<u>3 Hep B</u>	4 doses required if #3 was given before 24 weeks of age
<u>1 Varicella</u>	Varicella not required if enrolled with history of chicken pox disease before 9/1/2011
Valid doses are required. A 4-day grace period is allowed.	


2013-2014 School Requirements

Children 11+ years of age, Grade 6th - 11th

<u>Required</u>	See below for exceptions requiring fewer or more doses
<u>3 DTaP/Td</u>	3 doses required if all were given after 12 months
<u>1 Tdap</u>	Required when 5 years have passed since last DTaP/Td
<u>1 MV/MCV</u>	Required
<u>4 Polio</u>	3 doses required if 3 rd dose given at 4+ years
<u>2 MMR</u>	3 doses required if #1 was given before 12 months of age
<u>3 Hep B</u>	4 doses required if #3 was given before 24 weeks of age
<u>1 Varicella</u>	2 doses if #1 was given at 13+ years of age. Not required if enrolled with chicken pox history before 9/1/2011
Valid doses are required. A 4-day grace period is allowed.	



Tdap + MV Requirement Implementation Schedule

School Year	Grades Included
2008-2009	6th
2009-2010	6 th , 7 th
2010-2011	6 th , 7 th , 8 th
2011-2012	6 th , 7 th , 8 th , 9 th
2012-2013	6 th , 7 th , 8 th , 9 th , 10 th
 2013-2014	6 th , 7 th , 8 th , 9 th , 10 th , 11 th
2014-2015	6 th , 7 th , 8 th , 9 th , 10 th , 11 th , 12 th



Else Needs Tdap?

- Students 11+ years of age who have not completed the primary series of 3-4 DTaP/DT/Td
- 12th grade students if 10 years have passed since the last Td dose
- Tdap is approved for use in children 7+ years of age, but is not required for those under 11 years
- 1 dose of Tdap is recommended for all adults as a booster

Second Doses

- A second dose of Varicella is recommended, however, it is not required for school attendance
- A second dose of Meningococcal vaccine is recommended at age 16; it is not required for school attendance



Required Immunizations for Childcare/Preschool

	2 mo.	4 mo.	6 mo.	12 mo.	15+ mo.
DTaP	1	2	3	3	4
Polio	1	2	2	3	3
MMR				1	1
Hib	1	2	2-3	2-3	3-4
Hep B	1	2	2	3	3-4
Varicella				1	1
Hep A* only in Maricopa County, #1 at one year, #2 due 6 months later				1	1

Childcare Age and Space Rules

These requirements (+ Hep A in Maricopa County) apply to preschoolers 15 months through 5 years

4 DTaP	DTaP #4 is needed six months after DTaP #3
3 Polio	Okay if given earlier; required at 12 months
1 MMR	Minimum age for vaccine is 12 months – 4 days
3-4 Hib	1 dose meets requirement if given at 15+ mo. of age
3-4 Hep B	#4 required if #3 was given before 24 weeks of age
1 Varicella	Minimum age for vaccine is 12 months – 4 days. MMR and Varicella must be given at least 28 days apart unless given on the same day

GREAT Process for Childcare Immunizations

1. **Get immunization record from parent or the ASIIS registry upon registration**
2. **Revue child's record refer child for age-appropriate missing immunizations**
3. **Enforce the 15-day deadline for parent to provide proof of up-to-date immunizations**
4. **Attach copy of immunization record(s) to emergency card**
5. **Track immunization status of children who lack complete series immunizations and get updates**

Religious Exemptions to Immunization

- Available in childcare and preschool
- R9-5-305, 2b “...the child is being raised in a religion whose teachings are in opposition to immunization.”
- Immunization records of partially immunized children still need to be on file at the center
- Exemption forms must be attached to the child’s emergency card

Medical Exemptions in Childcare Settings

- All medical exemptions must be completed by the child's health care provider
- Temporary medical exemptions are used to document the need to delay a vaccine dose
 - If a child is too ill to receive a required vaccine
 - If the child's doctor recommends that a vaccine dose be given later than required under Arizona's requirements

Was the dose too early?

- MMR and Varicella, both live virus vaccines, must be given on the same day or at least 28 days apart (no 4 day grace period)
- Children who received Hep B #3 at 4 months of age need a 4th Hep B dose
- Doses of other vaccines given more than 4 days before the minimum age/interval will be invalid



Was the dose too late?

- It is not necessary to start a series over if the interval between doses is longer than recommended



Is This Dose Valid?

- Arizona follows the Advisory Council on Immunization Practices (ACIP) recommendations regarding the validity of vaccine doses
- A summary of ACIP rules for childhood immunizations is available at <http://www.immunize.org/catg.d/p2010.pdf>
- The Centers for Disease Control and Prevention (CDC) has an immunization hotline: 1-800-232-4636 (1-800-CDC-INFO)



Recommendations for Schools & Child Care

- Enroll in ASIIS to access records from the registry:
602-364-3899
- Check the website for updates:
www.azdhs.gov/phs/immun/index.htm
- Remember that the Immunization Data Report is due each year on November 15th. Check the website above for details



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